AND THE PART I (a) STATE Comparison of the part o				VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 62-027	086 ν
VS 300 VS 300 I PAGE OF DEATH SCHITT WITH A PAGE OF THE PAGE OF		HTMENT O	* PUE	Registration District No. 149 Primary Registration District No. 1002 Registrat's No. 3703 STATE FILE NUM.	BER
1	DO NOT WRITE ON THIS STUB	AMENDE	D D		
Declaration of the property of				1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Re	sidence before
ALL SAME STATES NAME 2 3 3 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	· · ·				admission)
ALL SAME STATES NAME 2 3 3 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Rev. 4/59	同	1	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits
2 3 36 3 36 3 36 3 36 36 36 36 36 36 36 3					Yes 🔼 No 🗆
3 NAME OF DECEMBER Solid	1			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)	Reside on Farm
A / / S - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		DATE			Yes No.
S. SEX 6. COLOR OR RECE 7. Merited 10. NAME OF BIRTH 9. AGE (last birthday) White 10. Mind Dever Merited 10. LAIRO OF BIRTH 10. AGE (last birthday) Whoths Day House, Minds Rocking 10. AGE (last birthday) Whoths Day House, Minds Rocking 10. AGE (last birthday) Whoths Day House, Minds Rocking Rocking 10. AGE (last birthday) Whoths Day House, Minds Rocking Rock	3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year
S. SEX S. COLOR ON RACE No. Married No. DATE of BIRTH P. AGE (sat birthday) TYRAN TYRAN TYRAN TYRAN TYRAN TYRAN TYRAN TYRAN TYRAN TYRAN TYRAN				ADDIE MARY GAINER DEATH 7 _ 15_ 1	1060
Formale White Widowed Diversed 12-29-1878 83 Months Day Hours Min. Widowed Diversed 112-29-1878 11. Widowed Diversed 112-29-1878 11. Widowed 112-29-1878 11. Widowed Diversed 112-29-1878 11. Widowed 112-2	4 j		!		IF UNDER 24 HR
OUT OF THE CONTRIBUTION OF THE STATES AND STATE TO STATE OF THE STATES AND STATE	5 2.			Female White Widowed Divorced 12-29-1878 83	į.
TOUR SWITCH TOWN TO THE STATE TOWN TOWN TO DEATH BUT NOT COURTED. (Enter nature of finjury in PART II) of them 18. NO SECRET WAS AUTOPSY TOWN TOWN TO THE STATE HOW MORE) 13		ااام			
13. WAS DECRASED EVER IN U.S. ARMED FORCES? 10. OC U.S. WAS DECRASED EVER IN U.S. ARMED FORCES? 11. WAS DECRASED EVER IN U.S. ARMED FORCES? 12. SOCIAL SECURITY NO. 12. INTORMANT 13. WAS DECRASED EVER IN U.S. ARMED FORCES? 14. WAS ALVEROPS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTORMANT 18. CAUSE OF DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 19. WAS ALVEROPS 20. DUE TO (b) 20. DUE TO (c) 20. DEATH DUT NOT related to the terminal PART II. If deceased was female was tensile was remained to the terminal PART III. If deceased was female was remained by the septement of insight in PART II. III. III. III. III. III. III. III		<u> </u>		Housewife Downs Kansas U.S.A	•
13. WAS DECRASED EVER IN U.S. ARMED FORCES? 10. OC U.S. WAS DECRASED EVER IN U.S. ARMED FORCES? 11. WAS DECRASED EVER IN U.S. ARMED FORCES? 12. SOCIAL SECURITY NO. 12. INTORMANT 13. WAS DECRASED EVER IN U.S. ARMED FORCES? 14. WAS ALVEROPS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTORMANT 18. CAUSE OF DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 19. WAS ALVEROPS 20. DUE TO (b) 20. DUE TO (c) 20. DEATH DUT NOT related to the terminal PART II. If deceased was female was tensile was remained to the terminal PART III. If deceased was female was remained by the septement of insight in PART II. III. III. III. III. III. III. III	7 1				41.155
(Yes, no, or unknown) (if yes, pive war or dates of service MRS, ROSAL YN SHORT DAW) 2 d.	l ^ i	2			INER
10 00 00 00 00 00 00 00 00 00 00 00 00 0		₹		(Yes, no, or unknown) (If yes, give war or dates of service)	-/
PART I. DEATH WAS CAUSED BY: 11	4200	ă	_	1 18. CAUSE OF DEATH (Enter only one cause per line f	
TO SUND THE AT WORK 200. PLACE OF INJURY (e.g., in or about home, low, farm, factory, street, office bidg., etc.) 13	10	31 I I I	AEN.		ET AND DEATH
TO SUND THE AT WORK 200. PLACE OF INJURY (e.g., in or about home, low, farm, factory, street, office bidg., etc.) 13	11	5 6		IMMEDIATE CAUSE (a) Colores les les les les les les les les les l	<u> </u>
Which gave rise to above cause (a), stating the under; lying cause last, lying cause last, lying cause last, lying cause last, lying cause last. DUE TO (c)				a to a second of the second to a second to	
NOW THE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOW THE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOW THE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOW THE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20. INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 21. I attended the deceased from Describe farm, factory, street, office bldg., etc.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 22. I attended the deceased from Describe farm, factory, street, office bldg., etc.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 22. I attended the deceased from Describe farm, factory, street, office bldg., etc.) NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 22. I attended the deceased from Describe farm, factory, street, office bldg., etc.) 22. I attended the deceased from Describe farm, factory, street, office bldg., etc.) NOT WELL AT THE ATTENDED SECRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18	1290- C			which gave rise to	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal finer a pregnancy in last 90 days there a pregnancy in last 90 days of last 10 disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal finer a pregnancy in last 90 days of last 10 disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pregnancy in last 90 days of last 10 last 10 days of last 10 las		ĔŽ	_	stating the under-	
TO STATE STATE		5			
TO STATE STATE				A Condition given in take the pregnance	
TO STATE STATE	•	Z		10 WAS ANYONEY TO ACCIDENT SHICIDE HOMICIDE TO DESCRIBE HOW INHIPLY OCCURRED (Factor public of fairm in PART Les PART II.	
AND THE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, long through the date stated above, and last saw her slive on the date stated above, and to the best of my knowledge, from the causes stated. Comparison of the date stated above, and to the best of my knowledge, from the causes stated. 1		&		PERFORMED? D D D COMPANY OCCURRED. (EITHER TOURISH OF THE PARK TO THAKE THAKE THAKE THAKE THAKE THAKE	1 (fem +a.)
AND THE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, long through the date stated above, and last saw her slive on the date stated above, and to the best of my knowledge, from the causes stated. Comparison of the date stated above, and to the best of my knowledge, from the causes stated. 1	z	ا ا		20c. TIME OF Hour Month, Day, Year	
NOT WHILE AT WORK 1 21. I attended the deceased from 6/25/62, to 7/15/6 and last saw her sine alive on 7/1/62 Death occurred at 9 to 10 m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 36 2 Conclusion and 22c. DATE SIGNET 22c. DATE SIGNET 23c. PATE OF CEMETERY OR CREMATORY 23d. FOCATION (City, town, or county) (State) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS WERNER MORTUARY K.C.K. 7-16-62 VERNER MORTUARY WERNER MORTUARY K.C.K. 7-16-62 Author 25c. REGISTRAR'S STGNATURE		₹		a likituki a.m.	
NOT WHILE AT WORK 1 21. I attended the deceased from 6/25/62, to 7/15/6 and last saw her sine alive on 7/1/62 Death occurred at 9 to 10 m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 36 2 Conclusion and 22c. DATE SIGNET 22c. DATE SIGNET 23c. PATE OF CEMETERY OR CREMATORY 23d. FOCATION (City, town, or county) (State) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS WERNER MORTUARY K.C.K. 7-16-62 VERNER MORTUARY WERNER MORTUARY K.C.K. 7-16-62 Author 25c. REGISTRAR'S STGNATURE				1 20d. INJURY OCCURRED 1 20d. PLACE OF INJURY (e.g., in or about nome, 1 20f. City, 10WN, OK LOCATION COUNTY	STATE
22b. ADDRESS 36 2 Surface Accounts Accounts Signed 22c. Date Sign	_ _ _		{	NOT WHILE AT WORK	
22c. DATE SIGNATURE 22b. ADDRESS 36 L Surfque and 2cc. DATE SIGNED 22c. DATE SIGNE	30 =	EA		21. I attended the deceased from 6/25/62, to 7/15/62 and last saw her birmalive on 7/1//62	
23a. BURIAL, CREMATION, 25B. DATE 23cl NAME OF CEMETERY OR CREMATORY 23d. 2DCATION (City, town, or county) (State) 2 PROMOVAL 2 Quindaro Comatomy Kansas City Kansas 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE WERNER MORTUARY K.C.K. 7-16-62 Kull.	8 5			Death occurred at 9 m on the date stated above, and to the best of my knowledge, from the cau	ses stated.
23a. BURIAL, CREMATION, 25B. DATE 23cl NAME OF CEMETERY OR CREMATORY 23d. 2DCATION (City, town, or county) (State) 2 PROMOVAL 2 Quindaro Comatomy Kansas City Kansas 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE WERNER MORTUARY K.C.K. 7-16-62 Kull.		<u> </u>	ᇿ		22c. DATE SIGNED
23c. BURIAL, CREMATION, 28B. DATE 23c. NAME OF CEMETERY OR CREMATORY 23cl. *DOCATION (City, town, or county) (Stafe) REMOVAL (Specify) 7-18-62 Quindaro Cemetary Kansas City Kansas Removal 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE WERNER MORTUARY K.C.K. 7-16-62 Auth. A Cong.	5	띯니		5 my hours of the	2/11/14
C C Removal (Specify) 7-18-62 Quindaro Cemetery Kansas City Kansas City Kansas City Kansas City Kansas City Kansas City Kansas City Kansas City Cit	-		L 		(Stafe)
WERNER MORTUARY ADDRESS ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE WERNER MORTUARY K.C.K. 7-16-62 Tuth A Long.		j	O.	REMOVAL (Specify)	Kanass
WERNER MORTUARY K.C.K. 7-16-62 Kuth 7 Zong			AFI	STIGHTO VAL	wams68
]	111	₽	WERNER MORTUARY K-C-K 7-16-12 K. IL. 74 To	، سرملا
	'	1 1 1 1		(Licensed Embalmer's Statement on Reverse Side)	- y

STATEMENT BY LICENSED EMBALMER

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

	, Student Embalmer No
king under my personal supervision.	
ent	Signed Sonale J. Wenner
Signature of Student Embalmer	
	Licensed Embalmer No. 37007
	P. O. Address Kansas City